

Mission & Vision

Mission

We exist to support our membership and community partners to ensure accessible, high-quality, and cost-effective health services.

Vision

We envision health care access for all and efficient use of health services and resources in the Inland Southern Region

COMMUNITY FOCUSED



MEMBERSHIP DRIVEN



History of CHAISR

Community Health Association

Inland

Southern Region

- ❖ Founded in 2009
- ❖ Formerly known as the Community Clinic Association of San Bernardino County
- ❖ Incorporated in 2010
- ❖ Designated a 501(c)(3)nonprofit organization in 2011
- ❖ Name was changed in 2017 to encompass both Riverside County and San Bernardino County
- ❖ 20 Organizational Members representing 103 community-based clinics and mobile health sites throughout the Inland Empire
- Board of Directors is comprised of one C-Level executive from each of our member organizations

About our Members

❖ Federally Qualified Health Centers & Look-Alikes

- ❖ Borrego Community Health Foundation
- Central City Community Health Center
- Central Neighborhood Health Foundation
- Community Health Systems, Inc.
- Desert AIDS Project
- Health Service Alliance
- Mission City Community Network
- ❖ Parktree Community Health Center
- ❖ SAC Health System
- ❖ Tri-State Community Health Center
- Unicare Community Health Center, Inc.

County/City/District Operated Health Centers

- County of San Bernardino Department of Public Health
- Morongo Basin Community Health District/Health Centers
- Montclair Medical Clinic
- ❖ Riverside University Health Systems





Members Continued

- *** Hospital Based Family Health Centers**
 - ❖ Arrowhead Regional Medical Center
 - ❖ Redlands Community Hospital
- **❖** Free Clinics
 - ❖ Al-Shifa Clinic, Inc.
 - Lestonnac Free Clinic
 - ❖ Well of Healing Mobile Medical Clinic



❖ Collectively, our member organizations operate 103 sites in a huge geographic service areas throughout Riverside and San Bernardino Counties. Our members recorded over 287,000 unduplicated patients resulting in over 921,000 patient visits for low-income and disenfranchised patients in 2018.



So What Do We Do?

Advocacy

- ❖ The Association has a robust advocacy program and collaborates with the National Association of Community Health Centers (NACHC), the California Primary Care Association (CPCA) and CaliforniaHealth+ Advocates.
- On a routine basis, the Association coordinates and leads legislative visits in Washington D.C., and Sacramento:

During National Policy Conferences in D.C., the Association and its members meet with Congressional offices. At the state level, the Association and its members meet with Senate and Assemblymember offices, and at the local level, the Association meets with Board of Supervisors and / or their staff throughout Riverside and San Bernardino Counties.

❖ Grants from The California Endowment and The California Wellness Foundation in addition to a Core Operating Grant from Kaiser fund our advocacy efforts.



So What Do We Do?

❖ Workforce Development – Inland Empire AHEC

The Inland Empire Area Health Education Center (AHEC) is a HRSA-funded program managed by the Association. The Inland Empire AHEC is also a Public Health Training Center (PHTC) and collaborates with the California AHEC Program Office. Funding from the Health Resources and Services Administration (HRSA) is used to support staff and projects.

The Association focuses on the healthcare workforce of the Inland Southern Region. To address the needs of its membership and the healthcare professions shortage, the Association collaborates with its members and community-based organizations, pipeline programs, and academic institutions.

- ❖ Health Net Grant for MA Upskilling, Ladder Progression & Retention
- ❖ AHEC Scholars program with UCR



So What Do We Do?

Member Education - Inland Empire AHEC

- Medical Leadership Learning Collaborative
- Nursing Leadership Learning Collaborative
- Human Resources Learning Collaborative
- Quality Improvement Learning Collaborative
- Emergency Preparedness Workgroup

Quality Improvement Initiatives

- Encounter Data Pilot
- Childhood & Adult Immunization Levels
- HEDIS Measures & P4P

Other Grant Programs & Initiatives

- **❖** Census 2020
- Covered California





We Care About Immunization

- **California Department of Public Health:**
 - **California Dialogue on Cancer Plan Implementation Project**
 - The Association collaborated with Merck's Vaccine Division to develop strategies and resources to support our members with improving HPV vaccination rates
 - Through the collaboration members received recourses such as:
 - **❖** Targeted patient education campaigns
 - Provider education presentations and trainings
 - Up-to-date literature on HPV and cervical cancer epidemiology
 - ❖ Tailored technical assistance with interfacing technology to enhance improvement efforts
 - ❖ The Association worked with and participated in a quality improvement training and resource sharing efforts during a Nursing Leadership Collaborative meeting alongside the American Cancer Society.
 - Dr. Stover, a RN/NP with a PhD in nursing wrote and approved training materials



We Care About Immunization

Other immunization projects:

- CHPD Prenatal Immunization Level Project
- ❖ Meetings with CDPH on Hepatitis A vaccinations
- Projects with member clinics on Flu Vaccinations
- Quality Improvement projects on HEDIS measures

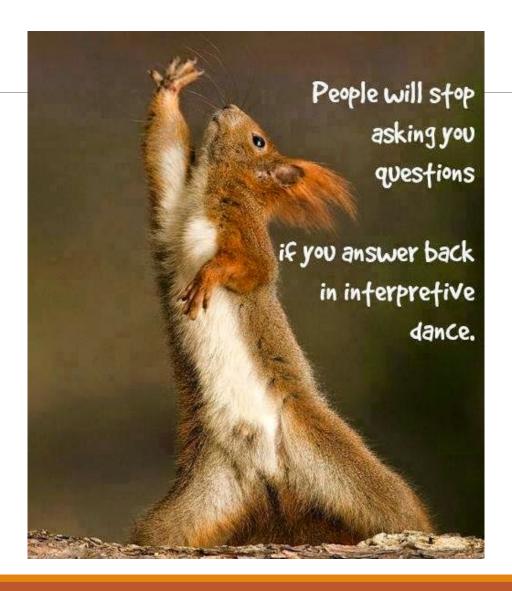
❖ How can we be of service to you?

- Nursing Leadership Learning Collaborative
- Medical Leadership Learning Collaborative
- Webinar Sessions for Members
- Education Dissemination at BOD Meetings
- Bienniel Symposium





Questions?





Contact Information

Jodie Wingo, MHA
Chief Operating Officer
Community Health Association Inland Southern Region

jwingo@chaisr.org

Office: 909-566-1552

Cell: 951-808-2148

www.chaisr.org







Updates

San Bernardino County
Immunization Coalition Meeting

November 2019

Heather Murphy
Local CAIR Representative
CA State Department of Public Health
Division Of Communicable Diseases
Immunization Branch





Agenda

- New CAIR Releases
- CAIR outages
- Submitting to CAIR
- CAIRWEB.org
- Data Exchange & User Roles
- School Update
- Training Guides & Videos
- CAIR Help Desk
- Q&A



Upcoming release – 2.6

Due to release at the end of this year

- New Blue Card
- Doses Administered Report fixed
- Lot deletion: Power users able to re-enter same lot number if it was previously deleted.
- Forgot Password feature enhancements
 - go directly to security questions from login screen
 - Removes case-sensitivity for security answers
 - Login error messages more clear



Upcoming release – 2.6

continued

Shotgivers

- Ability to hide (inactivate) shot-giver names in CAIR shot-giver list
- -Shotgiver titles will show in the 'Administered By' dropdown in CAIR



Upcoming CAIR Releases

After the 2.6 release, priorities include:

- Adding the Manage Patient Status feature.
- Key Data Exchange fixes are also included in every release.
- Yellow Card: Fixing all issues.



CAIR outages

- CAIR outages have taken place recently
- The cause is still being investigated.
- If you experience outages please email
 CAIRHelpDesk@cdph.ca.gov



Sites required to submit vaccine information to CAIR:

- ✓ Pharmacies that administer vaccines
- ✓ All Medi-Cal providers
- ✓ Sites that receive State Supplied Flu (Flu doses only)



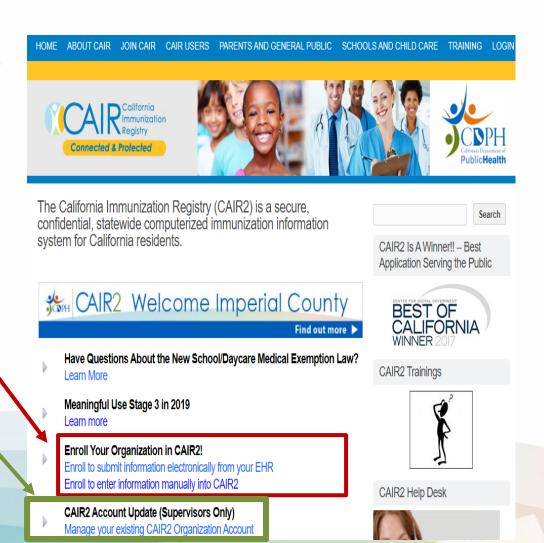
CAIRWEB.org

Enroll Your Organization in CAIR2

-NEW Sites Only

CAIR2 Account Update

-Manage and update information for sites currently enrolled in CAIR.





DX QA User Role

- DX QA User role recommended for organizations that submit vaccine information to CAIR from their EHR.
- Monitor & Ensure your Clinic Submits Quality
 Data to CAIR



DX QA User Role

How do I sign up for this?

Go to CAIRWeb.org
- CAIR Account
Update to request
DX QA User access





Data Exchange FAQ's & support

Most sites enrolled in Data Exchange do *NOT* need Regular or Power Users.

- Regular User access is for entering or correcting information into CAIR manually.
- Power User access is only needed if your site is using inventory decrementing.



Data Exchange Submitters

How to Maintain High Data Quality
View CAIR2 Patient Data In Your EHR – Sign Up Now for BiDX
Learn to Manage Inventory in CAIR2

Data Exchange (DX) FAQs



New School/Daycare Medical Exemption Law SB276





Additional CAIR Support:

Training Guides and Videos





Training Guides and Videos

CAIR2 User Guides and Training Videos

CAIR2 User Guides	CAIR2 Training Videos (minutes)
CAIR2 Regular User Guide	Accessing CAIR (6:32)
CAIR2 Inventory User (Power) Guide	Managing Patients (10:58)
CAIR2 Organizational Reports Guide	Understanding the History/Recommend Page (8:14)
CAIR2 Read-Only User Guide	Adding New Immunization (8:51)
CAIR2 Read-Only User Quick Guide	Adding Historical Immunizations (6:18)
CAIR2 TB User Guide	Generating Patient-Specific Reports (5:43)
CAIR2 School User Guide	Vaccine Inventory (12:13)
CAIR2 School User Quick Guide	Vaccine Transfers (11:35)
CAIR2 Complete User Manual	Generating Reminder and Recall Reports (11:01)
CAIR2 Manual Entry Guide (Sites not using inventory)	Generating and Understanding Ad Hoc Reports (12:34)
	Generating Benchmark and Assessment Reports (19:52)
	School and Child Care User (11:56)



Reminders from the CAIR Help Desk:

- Please have Org code ready when calling
- Login issues: Use "forgot password" tab before you call
- Passwords are cAsE SeNsitiVe
- Your account will become inactive if you have not logged in within 90 days



Questions?



Contact Information:

Local CAIR Representatives:

Heather Murphy

Phone: 714-834-7876

Email: <u>Heather.Murphy@cdph.ca.gov</u>

Giselle Garcia

Phone: 559-228-5804

Email: <u>Giselle.Garcia@cdph.ca.gov</u>

CAIR Help Desk: 800-578-7889

Email: <u>CAIRHelpDesk@cdph.ca.gov</u>

CAIR Data Exchange: 800-578-7889

CAIRDataExchange@cdph.ca.gov





California School Immunization Update

Mayra Parga & Beverly Villa

New Changes to School Law Immunization Requirements

July 1, 2019

12th Grade

Starting in the 2019-2020 school year, school immunization requirements will include:

2 (rather than 1) doses of chickenpox vaccine at

- **♦** TK/Kindergarten entry
- ♦ 7th grade advancement
- ♦ TK/K-12 admission or transfer

If an immunization record indicates a history of chickenpox disease a medical exemption documentation needs to be submitted.

TK/K Admission

Doses required Varicella 2 1 MMR 2* same** Hep B 3 same Polio 4 same DTaP 5 same

1st -12th Grade Admission

Vaccine	Doses required				
Vaccine	Starting July 1, 2019	Before July 1, 2019			
Varicella	2	Age 7-12 years: 1			
Varicella	2	Age 13-17 years: same			
MMR	2*	1-2**			
Honotitic B	3	0			
Hepatitis B	(7 th grade: 0)	0			
Polio	4	same			
DTaP	5	same			

Medical Exemptions

Starting July 1, 2019, a parent or guardian must submit a signed, written statement from a physician (MD or DO) licensed in California which states:

- The specific nature of the physical condition or medical circumstance of the child for which a licensed physician does not recommend immunization.
- Each specific required vaccine that is being exempted.
- Whether the medical exemption is permanent or temporary.
- If the exemption is temporary, an expiration date no more than 12 calendar months from the date of signing.

Clarification of Definitions

Admission

- a pupil's first entry
- also denotes a pupil's re-entry after withdrawing from a previous enrollment (Transfer Student)

Pre-Kindergarten

 means any child care center, day nursery, nursery school, family day care home, pre-school, or development center

Kindergarten

means a class prior to first grade, including a transitional kindergarten program (TK)

Conditional Admission

 Any pupil seeking admission to a school who lacks documentation of having received all the required vaccine doses and is not currently due for any doses at the time of admission

California Department of Public Health

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•)	CI	PH	- California

State of California—Health and Human Services Agency

								pupil. See reverse side	
PUPIL NAME (LAST, FIRST, MIDDLE)		ST			ETHNICITY Hispanic/La		RACE African-American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White Other		
NAME OF PARENT/GUARDIAN (LAST, FIRST)				BIRTHDATE (MONTH/DAY/YEAR) SE		SEX			
			DATE EACH D	OSE WAS GIVE	N (MM/DD/YY)		Permanent	Natura for Cohora	I Danisian and the
REQUIRED VACCINE		1 ST	DATE EACH DOSE WAS GIVEN (MM/DD/YY) 2 ND 3 RD 4 TH		5 TH	Medical Exemption	Notes for School Requirements		
IPV / OPV (Polio)		1 1	1 1	/ / Age:years	1 1			4 doses meet TK/K-12 r 3 doses, if ≥1 dose give	
DTaP / DTP — Age 0 Tdap / Td — Age 7 (Diphtheria, Tetanus, Pertussi	+ years	1 1	1 1	/ / Age:years	/ / Age:years	1 1		5 doses meet TK/K-12 r 4 doses, if ≥1 dose give 3 doses, if ≥1 Tdap dose Tdap dose may meet 7 th	n at age ≥4 years; e at age ≥7 years;
MMR (Measles, Mumps, R	ubella)	/ / Age: months	1 1					2 doses meet TK/K-12 n Doses must be given at	
Hib (Haemophilus influenza	e type b)	1 1	1 1	1 1	1 1			Required for pre-kinders At least 1 dose must be	arten only. given at age ≥1 year.
Hep B (Hepatitis B)		1 1	1 1	1 1				3 doses meet TK/K-12 n	equirement.
VAR / VZV (Varicella or	Chickenpox)	1 1	1 1					2 doses meet TK/K-12 n	equirement.
Tdap – 7 th Grade (Tetanus, Diphtheria, Pertussi	s)	/ / Age:years						1 dose given at age ≥7 y requirement for 7 th grade 7 th -12 th grade admission	advancement and
	Staff Initials Requires Follow-up 5-11-12-12-12-12-12-12-12-12-12-12-12-12-						ė.		
STATUS OF REQUIREMENTS	I reviewed pupil's Immunization record	Has All Required Vaccine Doses	Temporary Medical Exemption	Missing Doses Not Currently Due—Conditiona	Missing Doses Overdue—Nee	Are (See admission	-up Date(s) conditional n schedule or on end date)	Other See codes on reverse side	Date Requirements Met
Pre-Kindergarten (Child care or preschool)						1	1	□ IEP □ PBE (pre-2016)	1 1
TK/K-12						1	·1	☐ IEP☐ IND☐ Home☐ PBE (pre-2016)	1 1
7 th Grade (Advancement or admission)						/	1	☐ IEP ☐ IND ☐ Home	1 1

State of California—Health and Human Services Agency California Department of Public Health

C	
	• CDPH

CALIFORNIA PRE-KINDERGARTEN AND SCHOOL IMMUNIZATION RECORD

Doe to decrease facility and asked staff acceptance and the sec	quired vaccine dose information and status of requirements for each pu	and the contract of the few sould be a second
Pre-kindergarien facility and school staff must record the re-	luired vaccine dose information and status of requirements for each of	inii See reverse sine incominance

PUPIL NAME (LAST, FIRST, MIDDLE)			STATEWIDE STUDENT IDEN	ETHNICITY Hispanic/Latino Non-Hispanic/Non-Latino		RACE African-American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White Other	
NAME OF PARENT/GUARDIAN (LAST, FIRST)			BIRTHDATE (MONTH/DAY/YEAR) / /		SEX		
REQUIRED VACCINE	1 ST	DATE EACH I	DOSE WAS GIVE	**E WAS GIVEN (MM/DD/YY) *** **** **** **** **** **** **** *		Permanent Medical Exemption	Notes for School Requirements
IPV / OPV (Polio)	1 1	1 1	/ / Age:years	1 1			4 doses meet TK/K-12 requirement, as do: 3 doses, if ≥1 dose given at age ≥4 years.
DTaP / DTP — Age 0-6 years Tdap / Td — Age 7+ years (Diphtheria, Tetanus, Pertussis)	1 1	1 1	/ / Age:years	/ / Age:years	1 1		5 doses meet TK/K-12 requirement, as do: 4 doses, if ≥1 dose given at age ≥4 years; 3 doses, if ≥1 Tdap dose at age ≥7 years; Tdap dose may meet 7th Grade requirement.

Staff Initials			Requires Follow-up		Follow-up Date(s)	Other		
STATUS OF REQUIREMENTS	I reviewed pupil's Immunization record	Has All Required Vaccine Doses	Temporary Medical Exemption	Missing Doses Not Currently Due—Conditional	Missing Doses Are Overdue—Needs Doses Now	(See conditional admission schedule or exemption end date)	Other See codes on reverse side	Date Requirements Met
Pre-Kindergarten (Child care or preschool)						1 1	☐ IEP ☐ PBE (pre-2016)	1 1
TK/K-12						1 1	☐ IEP ☐ IND ☐ Home ☐ PBE (pre-2016)	1 1
7th Grade (Advancement or admission)	MP	X				1 1	☐ IEP ☐ IND ☐ Home	8 /1 /19

				PBE (pre-2016)	
7th Grade (Advancement or admission)			1 1	☐ IEP ☐ IND ☐ Home	1 1

Fall Assessment Report for 2019/2020

Child Care	Kindergarten	7 th grade
320 out of 451 schools have reported.	413 out of 470 have reported.	180 out of 263 have reported.
70.95%	87.87%	68.77%

Fall Assessment Report for 2019/2020

Communications				
Initial Communication	Sent: At least 4 weeks prior Contents: Report Due Date » Note: In 2016, CDPH inconschool year with email as » Memo to Immunization A » Announcement of reporting	e & Reporting Tools. cluded child cares that ddresses in "Memo to assessment Reporting	Schools"	
LHD Follow-up	Begins: 3 weeks before due date through closing date.			
School Report Deadlines	Child Care/ Preschool: November 1	Kindergarten: November 1	7th grade: November 1	
Warning Notice	Sent: ~10 days after report deadline. Contents: Delinquent facilities/schools will be reported to DSS/CDE.			

REMEMBER TO CHECK SHOTS FOR SCHOOL



Child Care

K-12

7TH Grade

College

Laws

WWW.SHOTSFORSCHOOL.ORG

Featured Resources

- Guide to Immunization Requirements for School Entry | Spanish
- · Parents' Guide | Spanish
- · Vaccine Catch-up for Age 7+ Years
- Letter to Parents: Immunizations Needed | Spanish
- No Shots? No Records? No School. Poster | Spanish
- FAQs About New 2019 Regulations, Immunizations, and Conditional Entry



For more information, view archived emails or send a question to info@shotsforschool.org.

News

- SB 276 and SB 714 Changes for Medical Exemptions by 2021 >>
- 2018-19 Kindergarten Immunization Rates Are Available >>
- Emails from California Department of Public Health >>



Immunization Reporting

Reporting for the 2019-2020 school year opens mid-September and closes November 1st.

Instructions

- · Pre-Kindergarten (Child Care/ Preschool)
- · TK/Kindergarten
- · 7th Grade

Reporting Site

- · Pre-Kindergarten (Child Care/ Preschool)
- TK/Kindergarten
- · 7th Grade

Changes to Requirements

New Regulations

- · New Regulations-Effective July 1, 2019
- Webinar
- · Frequently Asked Questions
- · Updated Forms, Guides and Materials

Exemptions

· Exemptions FAQs



This website contains information about immunizations required for school entry in California.

View CDPH's privacy policy

CALL FOR HELP!!!

Here to Help You

Monday thru Friday

8-5

Mayra Parga & Beverly Villa

1-800-722-4794

"Because

answers exist only

to questions..."

by: Mungara Tarou Krishnamurti 26 Jan 2013

IEIC Meeting: VFC Updates

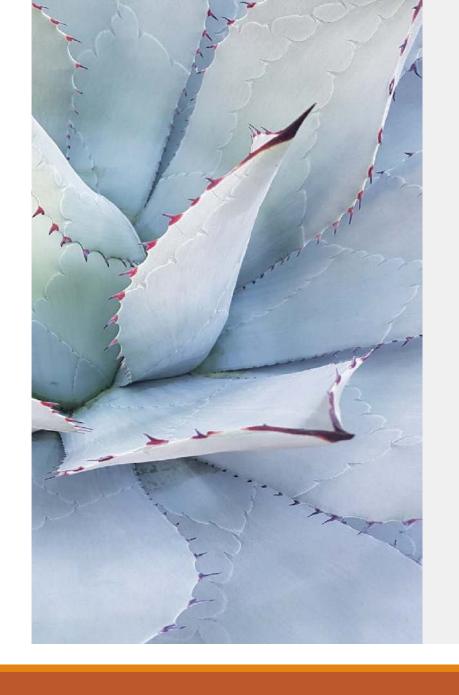
NOVEMBER 14, 2019

ERIK SMITH - SR. FIELD REPRESENTATIVE



Personnel Update

• Candidate for the IE LCR position has been selected and hope to onboard soon.



IQIP

Immunization
Quality
Improvement (for)
Providers



IQIP Purpose

 To promote and support the implementation of provider-level quality improvement strategies designed to increase vaccine uptake among childhood and adolescent patients in adherence to the ACIP recommended routine schedule



IQIP Approach

- Focuses on fewer strategies to allow more technical assistance to be provided for the two strategies selected.
- Addresses both pediatric and adolescent cohorts (if applicable) and utilizes the opportunity to make impact on more patient age groups.
- Prioritizes on-time vaccination over catch up.
- Emphasizes technical assistance over coverage assessment results.



IQIP Quality Improvement Strategies

- Schedule the next immunization visit before the patient leaves the facility
- Leverage IIS functionality to improve immunization practice.
- Give a strong vaccine recommendation (emphasizing HPV vaccine if the provider has adolescent patients)
- (CA Approved) Routinizing influenza vaccination



IQIP Approach

- Evaluate performance
- Recommend changes and best practices
- Provide resources and technical assistance
- Assist with technology

VFC FLU

4 Phases – VFC influenza order

Initial Shipments

- August-October 2019
- Initial Orders begin to ship as supply becomes available

Additional Flu Orders

- October 2019-June 2020
- after all initial orders have been shipped
- Providers are expected to order the remaining doses left from what they had pre-booked or what was allocated to them

Pre-Book

- January 2019
- Consider providers' vaccine need and brand preference to determine their entire season allocation
- Helps determine what CA will pre-book through CDC

July-August 2019
Providers will

Initial Orders

- Providers will confirm the initial amounts they want shipped to their practice
- Can order up to 40% of their approved pre-booked amount or allocated doses

We are here



Influenza Ordering (AKA-Supplemental Ordering)

- **1.** Influenza ordering will be the first step in VFC ordering
- **2.** Flu Inventory and usage will be required with any routine VFC order
- **3.** With every flu order, VFC will display the # of pre-booked doses remaining to order

Vaccines	Doses Administered Enter -0- for no doses	Vaccine Inventory (Doses On Hand) Enter -0- for no doses	New Vaccine Order	Doses Remaining To Order
Fluarix, GSK (6 months - 18 years) Inactivated, Quadrivalent, No Preservative, 0.5mL Single-Dose Syringe		# of Doses Lot Number Expiration (mm/dd/yyyy) Add More	N/A	-80
FluLaval, GSK (6 months - 18 years) Inactivated, Quadrivalent, No Preservative, 0.5mL Single-Dose Syringe		# of Doses Lot Number Expiration (mm/dd/yyyy) Add More	N/A	0
Fluzone Syringes, Sanofi (6 months -18 years) Inactivated, Quadrivalent, No Preservative, 0.5mL Single-Dose Syringe		# of Doses Lot Number Expiration (mm/dd/yyyy) Add More	N/A	0
Flumist, AstraZeneca (2 - 18 years) Live Attenuated, Quadrivalent , 0.20mL nasal sprayer		# of Doses Lot Number Expiration (mm/dd/yyyy) Add More	N/A	-30
Fluzone, Sanofi (3 - 18 years) Inactivated, Quadrivalent, Preservative- Containing, Multi-Dose Vial, 5mL		# of Doses Lot Number Expiration (mm/dd/yyyy) Add More ↓	N/A	0
FluLaval, GSK (3 - 18 years) Inactivated, Quadrivalent, Preservative- Containing, Multi-Dose Vial, 5mL		# of Doses Lot Number Expiration (mm/dd/yyyy) Add More	N/A	0
Flucelvax, Segirus (4 - 18 years) Inactivated, Quadrivalent, No Preservative, 0.5mL Single-Dose Syringe		1. # of Doses Lot Number Expiration (mm/dd/yyyy) Add More	N/A	0

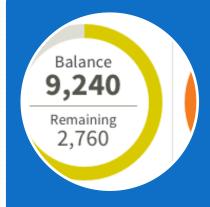


Highlights for the 2019-2020 season: Our Approach



Vaccine Ordering Approach

- Take a closer look at influenza vaccine ordering in comparison to routine pediatric vaccines
- Shifting from supplemental ordering to Influenza Ordering



Vaccine Ordering systems

- Order sufficient doses
- Order influenza at the same time as routine vaccines
- Visuals of actual remaining doses to-beordered



Gathering Insights & Sharing Tips

- Learn about barriers
- Learn from high performers (Bright Spots)
- All-VFC provider Survey
- Share Bright Spot Results: 3 Habits of successful VFC Clinics



Focusing on performance improvement

- Set targets and goals
- Monitor progress throughout the season
- •Flu as a provider quality improvement strategy (IQIP)
- Ratio letter and tips



Flu Progress Report

First reports were sent to all VFC Providers on 11/7/19

Goal:

- Help practices monitor influenza vaccine administration for VFC eligible patients in their practice
- Assist VFC Providers enhance vaccine ordering
 - reach their "Flu Target", by showing how they are doing so throughout the season and rating administration progress as the season moves forward

Reports:

- Show the number of doses they have ordered, and how many doses they still need to reach the target
- The Flu Target is the VFC Program's estimate of the number of flu vaccine doses a VFC Provider needs to immunize and protect their VFC-eligible patients
 - based on the number of VFC-eligible patients their practice immunized against routine pediatric vaccines during the past year

October 2019

Flu Vaccine Ordering Progress Report



Your path to excellence starts today.

Setting goals and routinely assessing your clinic's flu vaccine administration rates and ordering trends are best practices. To support your efforts, the California VFC Program is sending you this report with your "flu vaccine targets," or estimated number of flu vaccine doses needed to protect your VFC patients. This report also includes your latest ordering data to show how close you are to reaching your target goal.

2019-20 VFC Flu Target: 616 doses

How Are You Doing?

You are on track to meeting your goal (as of October 25, 2019)



Flu Doses for 2019-20
Ordered: Received: Your Goal: Doses Needed: 536

Order more flu vaccine now through June and administer flu vaccine until the last dose expires!

How Can You Improve?

Start now! Make incremental, achievable steps for success:

• Implement the 3 Habits of Highly Successful VFC

- Implement the <u>3 Habits of Highly Successful VFC</u> <u>Providers</u>
- Review Tips for Talking with Parents about Flu Vaccine
- Watch the <u>TEAch Influenza Webinar</u> with your staff.
 To help you stay on track, VFC will produce two additional flu ordering progress reports, a mid-season report (January 2020) and an end-of-season report (July 2020). In these reports, we will be rating your ordering performance (as shown on right).

Ratings will be based on % of target reached:
EXCELLENT: >00%
VERY GOOD: 71%-80%
GOOD: 51%-70%
NEEDS IMPROVEMENT: <50%
VFC providers who reach excellence by June 30, 2019 will be recognized on EZIZ.org.



Storage and Handling

Public Safety Power Shutoffs (PSPS)

Unlike traditional power outages, these shutdowns may last more than a few hours to days. And the impact may be for more than a few isolated blocks. In many instances, PSPS have affected nearly all customers in small counties, and even customers from multiple counties.

Otility companies are urging residential customer to look at options for back-up power sources (gas, solar, propane, etc) in order to be prepared. Providers look at similar options.



Public Safety Power Shutdowns (PSPS) — Know Your Vaccine Management Plan

IMM-1122 (02/19

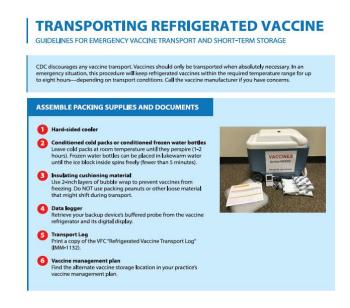
Vaccine Management Plan Section 6: Management Plan for Emergencies (Continued) DURING AN EMERGENCY Due to the risk to vaccines of improper packing and transporting follow these step-by-step instructions during an emergency to Description Step Place a "DO NOT OPEN" sign on vaccine storage unit(s) and leave door(s) shut to conserve cold air mass. Notify the emergency contacts identified on the vaccine management plan's "Worksheet for Emergency Assess to determine the cause of the power failure and estimate the time it will take to restore power Take appropriate action In the event of appliance failure: Place vaccines in any VFC-approved backup storage unit with a VFC-compliant data logger, or transport vaccines to the designated alternate storage facility. (Refer to "Transporting Vaccines" for instructions.) Report any excursion to SHOTS the next morning and take appropriate action. (Refer to "Taking action for For planned outages expected to be short-term (approximately fewer than 4 hours)* Monitor storage unit temperature and report any excursions once power has been restored. (Refer to "Taking For planned/unplanned outages expected to be longer than approximately 4 hours,* or for any outage that extends beyond the current business day: instructions.) If transport or relocation is not feasible (e.g., alternate location is not available or travel conditions are unsafe), keep vaccine storage units closed and notify the VFC Call Center as soon as possible Once power has been restored, follow the steps listed in "After an Emergency * Note: Practices using purpose-built (pharmacy-, biologic-, and laboratory-grade) and commercial-grade storage units may need to

For planned/unplanned outages expected to be longer than approximately 4 hours,* or for any outage that extends beyond the current business day:

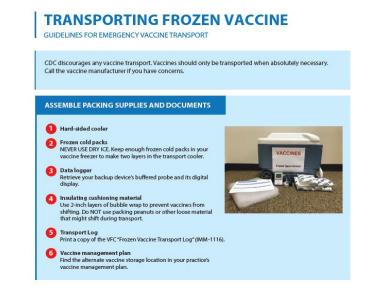
Transport vaccines to the designated alternate storage facility. (Refer to "Transporting Vaccines" for instructions.) If transport or relocation is not feasible (e.g., alternate location is not available or travel conditions are unsafe), keep vaccine storage units closed and notify the VFC Call Center as soon as possible.

• Note: Practices using purpose-built (pharmacy-, biologic-, and laboratory-grade) and commercial-grade storage units may need to transport vaccines to an alternate location sooner than 2 hours as temperatures in these units tend to increase faster during power failures.

Vaccine Transport Instructions

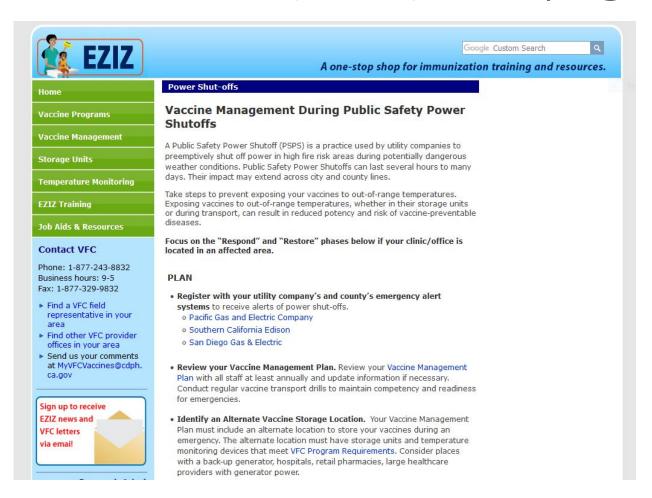


eziz.org/assets/docs/IMM-983.pdf



eziz.org/assets/docs/IMM-1130.pdf

EZIZ.Org: Public Safety Power Shutoffs (PSPS) Webpage



http://eziz.org/vaccinemanagement/power-shutoffs/

Public Safety Power Shutoffs (PSPS)

Southern California Edison

SCE: https://www.sce.com/safety/wildfire/psps



Non-Routine Vaccines: VFC Accessibility Requirement

VFC providers agree to ensure that VFC-eligible children have access to non-routine,
ACIP-recommended vaccines when indicated or when requested by patients. Non-routine
vaccine recommendations are identified on the ACIP schedules with the following key:

Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making Men B

PPSV23



Vaccines for Children Program

Provider Operations Manual

2019 CA VFC Program Operation Manual POM replacement pages available on EZIZ.org

2019 Program Participation Requirements at a Glance

Measles Update

As of 11/6/2019, 72 cases have been reported to CDPH in 2019

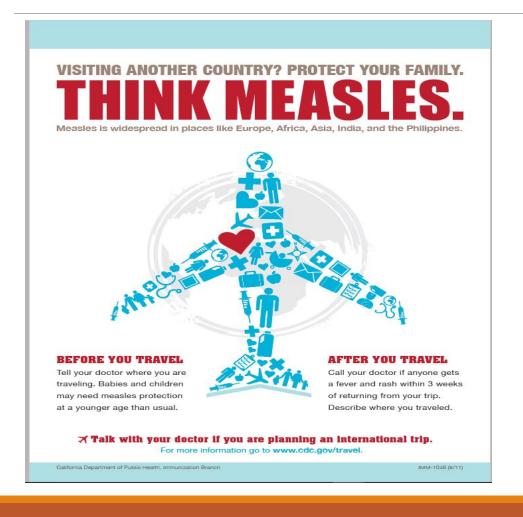
There have been 41 cases associated with one of 6 outbreaks;
 the remaining 31 cases are not outbreak related

There is one new outbreak in Los Angeles County

- Three cases have been reported in this outbreak
- Index case: Unvaccinated adult with international travel

Information is posted on the <u>CDPH Measles webpage</u>, and updated on Thursdays when there are new cases

Think Measles



Ensure that all patients are up to date on their recommended doses on MMR vaccine, including an early dose for infants 6-11 months of age who will be traveling overseas.



Afternoon TEAch

- Webinar-based educational opportunity
- Topics range from VFC Program requirements to current ACIP recommendations
- Always held at noon
- Past webinars archived on EZIZ.org homepage

Educational Opportunity



Presenting:

Protect Your Vaccines, Protect Your Patients

Join us as we discuss -

Best Practices for Vaccine Storage and Handling

Save-the-date

Thursday, December 5th, 2019 12:00 – 1:00 PM

In this webinar you'll learn about:

- The importance of proper vaccine storage and handling
- Tips for reporting temperature excursions on VFC's Storage and Handling Online Triage System (SHOTS)
- · When it is appropriate to transport vaccines and how
- Vaccine management during an emergency

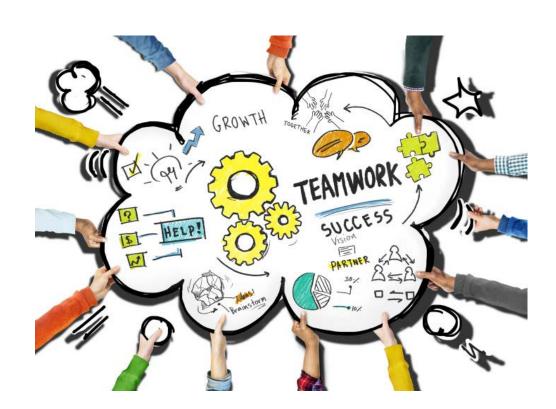
Information about registration is coming soon!



Why we do what we do

Questions?

Thank you for all you do



Because of your work Children In CA are protected from VPDs.

VACCINE ELIGIBILITY GUIDELINES | IMMUNIZATION BRANCH

For Health Departments and CDPH Approved Health Department Authorized Sites, Effective 10/1/2019 through 9/30/2020

OCPH California Department of PublicHealth	VFC Funded Vaccines ¹ (VFC)	Routine 317 Funded Vaccines ² 317	Outbreak/Special Situation 317 Funded Vaccines ²	State General Fund Vaccines ³	
Age	Children Birth Through 18 Years of Age meeting any of these eligibility criteria:	Adults 19 Years of Age and older meeting one of the following eligibility criteria:	Children and Adults (All ages)	Children and Adults (All ages)	
Eligibility	Medi-Cal/CHDP eligible Uninsured (no health insurance) American Indian & Alaskan Native	Uninsured (no health insurance) Underinsured (Eligible only if listed vaccines are not covered by insurance)	Fully Insured (ONLY if approved by health officer and CDPH for outbreak control, post-exposure prophylaxis, or disaster relief efforts)		
Vaccine	DTaP				
	Hepatitis A	Hepatitis A	Hepatitis A ⁷	Hepatitis A ⁷	
	Hepatitis B	Hepatitis B ⁴	ONLY if they are a household or sexual Contact of HbsAg+ pregnant woman		
	Hib				
	HPV	HPV⁵			
	Influenza			Influenza	
	Meningococcal Conjugate (MCV4)	Meningococcal Conjugate (MCV4)	Meningococcal Conjugate (MCV4)		
	Men B		Men B ⁷		
	MMR	MMR	MMR ⁷		
	Pneumococcal Conjugate (PCV13)	Pneumococcal Conjugate (PCV13) ⁵		Pneumococcal Conjugate (PCV13)	
	Pneumococcal Polysaccharide (PPSV23)	Pneumococcal Polysaccharide (PPSV23)			
	Polio (IPV)				
	Rotavirus				
	Td	Td ONLY when Tdap is not indicated 6			
	Tdap	Tdap	Tdap ⁷	Tdap	
	Varicella	Varicella	Varicella ⁷		
		Zoster			

VFC-funded vaccines may be used to immunize underinsured children ONLY if the LHD has a FQHC or RHC designation. Otherwise, underinsured children presenting to a LHD clinic or HDAS must be referred to a FQHC or RHC.

²Fully insured children and adults are not eligible to receive 317 vaccine routinely (adults enrolled in Medi-Cal/Medi-Cal managed care plans are considered fully insured). 317 vaccine may not be used in travel clinic settings.

³Depending on funding, State General Fund vaccines may vary.

⁴Adults with Medicare Part B (without Part D) are eligible if they are at low-risk for Hepatitis B.

⁵Available in limited quantities.

⁶Adults with Medicare Part B (without Part D) are eligible if they are receiving it as a routine vaccine (i.e., do not have a wound).

⁷For outbreak control and post-exposure prophylaxis. Available as funding permits.